Montana Department of **REVENUE**

Montana TY2006 E~File Test Packet

Montana Test 13

(revised 12/7/2006)

Forms: Form 2

Form ENRG-C

Name: King, Sally 400-00-6851

Dependents: Name SSN Relationship Disabled

King, Frank 400-00-6853 Son No

Address: PO Box 1232

Bozeman, MT 59716

Return Status: Tax Due

Filing Status: 4 (Head of Household)

Residency Status: Resident Full Year

Exemptions: 1 Primary (yourself)

1 Dependent

2Total

Deduction: Itemized Deduction

Notes: May DOR discuss return with preparer should be "Y"

Taxpayer phone number should be (406) 444-6957

Tax Due amount is \$1342.00

2006

Montana Individual Income Tax Return

Form 2

	For th	ne yea	ar Jan	1 – De	ec 31,	2006 or the	e tax y	year beg	inning						g,20		Monta	na
	Amended	4	r first r	name	and in	itial		st name				Dec	ceased		our social security r	umber		
	Return	SALLY Spouse's first name and initial						KING					<mark>.00-00-6851</mark> Spouse's social security numbe		_			
	Check the box above if this is	^ '					Las	Last name				Dec	Deceased		ouse's social secu	ity number		
	an amended	Hon	ne add	ress (numb	er and stree	et)						City		State	Zip+4	1	
	return.		30X 1				- /				В	OZE	MAN		MT	59716		
	Filing Status	1		Single				3	3b		Married filing sep	arate	ely on se	parate	e forms. Spouse's SSN.		1	
	(check only	2		Married	filing joi	intly		3	3c		Married filing sep	arate	ely and s	pouse	not filing. Spouse's SSN			
	one box)	3a				eparately on the	e same	form	4)	(Head of househo	old						
	Residency Stat			-			~+ fll		F	٦,) a aid a at a a st			ite o	f change: State m	oved to: S	tate moved	from:
	5a X Reside	ni iui	i yeai	5k	וט	Nonreside	nt iuii	year	5c	r	Resident part	-yea	11		Column A (for sing	le Column	B (for spous	20
E	xemptions														joint, separate, o		ng separate	
								¬			_				head of househol	d) using fili	ng status 3a	a)
	X Yourself					older		Blind.			Enter numl				1			6a
6b				<u> </u>		older		Blind.			Enter num							6b
6с	Dependent's f	irst na		KING		name	40	SSI 0-00-685			Relationsh SON	пр	Disab	nea				
	ITANIC			KIIVO			70	0-00-000	,,,		0011							
															1			6с
6d	If additional de	epend	lents, s	see ins	structi	ons. Add	lines 6	6a thru	c and	ent	er total exem	nptic	ns he		2			6d
En	ter amounts co														und to nearest do	llar. If no e	ntry, leave	
	7 Wages, sa																	7
	8a Taxable in								ea		В:			1				8a
	b Tax-exemption 9a Ordinary d								iirad					8b 9a				9a
	b Qualified of								aneu.		В:			9b				эа
	10 Taxable re								incon	ne 1				10				10
come	11 Alimony re													11				11
<u>0</u>	12 Business in													12	1400			12
<u>≥</u>	13 Capital ga													13				13
ā	14 Other gain	s or	(losse	∍s). A	\ttach	n federal S			7					14				14
$\boldsymbol{\sigma}$	15a IRA distrib				1			В:			Taxable a							15b
ě	16a Pensions				į.			В:		_	Taxable a							16b
	17 Rental real																	17
	18 Farm inco		•	•										18 19				18 19
	19 Unemploy20a Social sec							 В:			Taxable a							20b
	21 Other incom	-									T axable a		a	21				21
	22 Add the am							thru 21.	This	is \	our total in	con	ne					22
	23 Archer MS																	23
e	24 Certain bu																	24
o	25 Health say	/ings	acco	unt de	educt	ion. Attac	h fed	deral Fo	rm 88	889				25				25
Incom	26 Moving ex																	26
	27 One-half o																	27
Gross	28 Self-emplo																	28
Ō	29 Self-emplo																	29
ed	30 Penalty or 31a Alimony pa	ı ear	ıy witr	ıaraw	al of	savings					В:			30 31a				30 31a
uste	32 IRA deduc													J				31a
츶	33 Student lo													33				33
Ž	34 Jury duty													34				34
ā	35 Domestic																	35
ge	36 Add lines													36	4346			36
Fe	37 Subtract li													37	74304		·	37
	37a Combine ar	moun	ts on li	ine 37	colun	nns A and E	3 and	enter res	sult he	ere.	This is you	ır fe	deral	ad ju	sted gross incom	e. 7	74304	37a
盂	38 Enter Mon																	Ī
ΑGI														38	2400			38
	39 Enter Mon																	
Montana														39	10500	_		39
Š	40 Add lines							-			•			4.0	00004			40
	gross inc	ome												40	66204			40

		Page 2 – 2006 Social Security Number: _400-00-6851		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)	
		Montana adjusted gross income from line 40		66204		41
000		(B) Itemized Deductions (from Form 2, Schedule III, line 32 (B)	12 13	11100 55104		42 43
able	43	Exemptions (all individuals are entitled to at least one exemption)		33104] 43
Tax		Multiply \$1,980 by the number of exemptions on line 6d and enter result here 4	١4	3960		44
	45	Subtract line 44 from line 43 and enter the result here. If zero or less, enter zero. This is your taxable income	15	51144		45
	46	Tax from the tax table on page ??. If line 45 is zero, enter zero		3065		46
	47	1% capital gains tax credit	17			47
	48	Subtract line 47 from line 46 and enter the result here, but not less than zero.	10	2065		40
Tax -	48a	This is your resident tax after capital gains tax credit	18	3065		48
		here the amount from Form 2, Schedule IV, line 21, but not less than zero 4	8a			48a
		·	19	2005		49
		Add lines 48 or 48a and 49 and enter the result here. This is your total tax 5 Nonrefundable single-year credits from Form 2, Schedule V, line 13 5	50 51	3065 1200		50 51
		Nonrefundable carryover credits from Form 2, Schedule V, line 26		1200		52
Ce	53	Add lines 51 and 52 and enter the result here but do not enter an amount		4000		
	54	,	3 54	1200 1300		53 54
es		Endowment credit recapture tax		400		55
<u>a</u> <u>g</u>	56	Rural physician's credit recapture tax	6			56
		Add lines 54 through 56 and enter result here. This is your total other taxes. 5	7	1700		57
Tax Liability		Add lines 50 and 57 and then subtract from this total the amount on line 53 and enter the result here. This is your 2006 tax liability 5	58	3565		58
Ta iabi		Combine the amounts on line 58 columns A and B and enter the result here. Thi		1		
		2006 tax liability	_		3565	59
<u>==</u>		Montana income tax withheld. Attach federal Form(s) W-2 and 1099	-	2500		60 61
and Credits		2006 extension payments from Form EXT-06				62
		Refundable credits from Form 2, Schedule V, line 31	3			63
Payments and efundable Credi		Add lines 60 through 63 and enter the result here. This is your total payments, and refundable credits	34	2500		64
Payments Refundable		Combine amounts on line 64 columns A and B. This is your combined paymer		1		
		credits			2500	65
		Interest on underpayment of estimated taxes. (See instructions and worksheet or Late file, late pay penalties and interest. (See instructions and worksheet on page			53 124	66 67
eres		Other penalties. (See instructions on page ??)				68
i i	69	Enter in boxes 69a through 69d your Voluntary Check-off Contributions		\neg		Ţ
Penalties , Interest and Contribution		Nongame wildlife Child abuse Agriculture in End-stage rei program prevention schools disease	nal	Enter the sum of 69a through 69d		
nd (69a) 69b) 69c) 69d)		here		69
a B		Add the amounts on line 59, 66, 67, 68 and 69 and enter the result here. This is			3842	7,
		tax, penalties, interest and contributions				70
Amount You Owe or Your Refund	•	payable to MONTANA DEPARTMENT OF REVENUE or visit our website at www	<u>/.m</u>	t.gov/revenue to		
ou (pay by credit card or E-check.			1342	71
t j		If line 70 is less than line 65 , enter the difference here				72 73
nou √		Subtract line 73 from line 72 and enter the amount here. This is your refund				74
₹ °		If you wish to use direct deposit enter your RTN# and ACCT# below. See instruc				
RTN				savings		
		ble, check appropriate box. Name, address and telephone number of paid prepareing gross income	r.		ension – Check this box	
		d estimated payments			tach a copy of your fede Form 4868 to receive you	
		SSN, FEIN or PTIN:			Montana extension.	
May th	e Do	OR discuss this return with your tax preparer? Yes X No Questions? Call (406) 4-	44-6	6900 or TDD (406) 444	-2830 for hearing impair	red.
X		(406) 444-6957 X				

Form 2, Page 3 – 2006 Social Security Number: 400-00-6851				
Schedule I: Montana Additions to Federal Adjusted Gross Income	9	Column A (for single,	Column B (for spouse	
Enter on the corresponding line your additions to federal adjusted gross income		joint, separate, or	when filing separately	
File Schedule I with your Montana Form 2.		head of household)	using filing status 3a)	
1 Interest and mutual fund dividends from state, county, or municipal bonds				
from other states	1			1
2 Dividends not included in federal adjusted gross income	2			2
3 Taxable federal refunds. Complete Worksheet ?? on page ??	3			3
4 Other recoveries of amounts deducted in earlier years that reduced				
Montana taxable income. Complete Worksheet ?? on page ??	4			4
5 Addition to federal taxable social security/railroad retirement. Complete				
Worksheet ?? on page??	5			5
6 Additions for spouse filing joint federal return.				
6a Passive and rental income or loss adjustment	3a			6
6b Capital loss adjustment				6
6c IRA deduction adjustment. Complete Worksheet ?? on page ?? 6	3c			6
6d Student loan interest adjustment	3d			6
7 Sole proprietor's allocation of compensation to spouse	7			7
8 Medical care savings account nonqualified withdrawals	8	1300		8
9 First-time home buyer savings account nonqualified withdrawals	9			9
10 Farm and ranch risk management account taxable distributions	10			1
11 Addition for dependent care assistance credit adjustment		100		1
12 Addition for smaller federal estate and trust taxable distributions	12	200		1
13 Federal net operating loss carryover reported on Form 2, line 21 1	13			1
14 Share of federal income taxes paid by your S. corporation		300		1
15 Title plant depreciation and amortization				1
·	16	500		1
17 Add lines 1 through 16. Enter total here and on Form 2, line 38. This is				
your total Montana additions to federal adjusted gross income 1	17	2400		1

For Returns With Payments

Mail To: Montana Department of Revenue PO. Box 6308 Helena, MT 59604-6308

For All Other Returns

Mail To: Montana Department of Revenue PO. Box 6577 Helena, MT 59604-6577

Form 2, Page 4 – 2006 Social Security Number: 400-00-6851

Form 2, Page 4 – 2006 Social Security Number: 400-00-6851 Schedule II: Montana Subtractions from Federal Adjusted Gross Income	е	Column A (for single, joint, separate, or	Column B (for spouse when filing separately
Enter on the corresponding line your subtractions from federal adjusted gross income. File Schedule II with your Montana Form 2.		head of household)	using filing status 3a)
1 Exempt interest and dividends from federal bonds, notes, and obligations	1		
•	2		
	3		
4 Exempt workers' compensation benefits	4		
5 Exempt capital gains and dividends from small business investment	•		
	5		
	6		
7 Recoveries of amounts deducted in earlier years that did not reduce	•		
• •	7		
	8		
	9		
10 Exempt life-insurance premiums reimbursement for National Guard and	9		
Reservist	10		
	10		
11 Partial pension and annuity income exemption. Report Tier II Railroad Retirement on line 23 below	11		
12 Partial interest exemption from taxpayers 65 and older			
· · · · · · · · · · · · · · · · · · ·			
13 Partial retirement disability income exemption for taxpayers under age 65			
14 Exemption for certain taxed tips and gratuities			
15 Exemption for certain income of child taxed to parent			
	16		
	17		
, , , , , , , , , , , , , , , , , , , ,	18	3000	•
, , , , , , , , , , , , , , , , , , , ,	19	3000	•
20 Exempt family education savings account deposits and earnings	20	3000	
21 Exempt farm and ranch risk management account deposits	21		
22 Subtraction to federal taxable social security/Tier I Railroad Retirement			
	22		
23 Subtraction for federal taxable Tier II Railroad Retirement benefits			
reported on Form 2, line 16b	23	1500	
24 Subtractions for spouse filing joint federal return.			
24a Passive loss carryover exclusion	24a		2
24b IRA deduction adjustment	24b		2
24c Capital loss adjustment	24c		2
25 Subtraction of sole proprietor for allocation of compensation to spouse	25		2
26 Montana net operating loss carry over from Montana Form NOL,			
	26		
	27		2
28 Subtraction for business related expenses for purchasing recycled			
	28		
29 Subtraction for sales of land to beginning farmers	_		
The state of the s	30		
	31		
	32		
	33		
	JJ		
34 Add lines 1 through 33, enter total here and on Form 2, line 39. This is	2.4	10500	l .
your total Montana subtractions from federal adjusted gross income	3 4	10000	

Form 2, Page 5 – 2006 Social Security Number: 400-00-6851

	Schedule III: Montana Itemized Deductions		Column A (for single,	Column B (for spouse
	Enter on the corresponding line your itemized deductions. File Schedule III with your Montana Form 2.		joint, separate or head of household)	when filing separately using filing status 3a)
1		1	·	
	Enter amount from Form 2, line 40 2 A: B:	2		
		3		
	Subtract line 3 from line 1 and enter result here but not less than zero, This is your			
•	deductible medical and dental expense subject to 7.5% of Montana AGI	4		
5	Medical insurance premiums not deducted elsewhere on your return			
	Long term care insurance premiums not deducted elsewhere on your return			
Ť	Complete lines 7a through 7d reporting your total federal income tax payments made		2006 hefore complet	
	cannot deduct your self-employment taxes paid on lines 7a through 7d.	<i>-</i> 1111	2000 before complet	ing line 7e. Tou
7a		7a		
	Federal estimated tax payments paid in	-		
		7b		
7с		7с		
	Other back year federal income taxes			
		7d		
7е	Add lines 7a through 7d and enter result here, but not more than \$5,000 if you are			
	filing single, married filing separately, or head of household, or \$10,000 if filing a joint			
	return with your spouse. This is your federal income tax deduction	7е	5000	7
8	Local income taxes paid in 2006. See instruction on page ??	8		8
	Real estate taxes paid in 2006		2700	9
10	Personal property taxes paid in 2006	10	600	1
11	Other deductible taxes. List type and amount:	11	400	1
12	Home mortgage interest and points reported to you on federal Form 1098	12		1
	Home mortgage interest not reported to you on federal Form 1098. If paid to the			
		13		1
				<u> </u>
14	Points not reported to you on federal Form 1098	14		1
	Investment interest, Attach federal Form 4952			1
	Contributions made by cash or check during 2006.		1000	1
	Contributions made other than by cash or check		500	1
	Contribution carryover from the prior year.		300	1
	Child and dependent care expenses. Attach Montana Form 2441M			1
		20		2
	Unreimbursed employee business	20		2
21	expenses. Attach federal Form 2106 or			
	'	21		
22	Other expenses. List type and amount:			
		22		
22		23		
		24		
		24 25		
		26		2
	·	27		2
	Other miscellaneous deductions not subject to 2% of Montana AGI. List type			-
		28		2
20		29	900	2
	Add lines 4 through 6; 7e through 20; and 26 through 29 and enter result	23	300	-
30		30	11100	3
	If the amount on Form 2, line 40 is more than \$150,000, or more than \$75,250 if	30	11100	3
	married filing separately, your deductions may be limited. Complete the itemized			
	deduction Worksheet VI on page ?? of the Form 2 instruction booklet and then			
	continue to line 31; otherwise, go to line 32 below.			
21	Enter the amount from the itemized deduction Worksheet VI, line 9. This is the			
31	amount of your non-allowed itemized deductions	31		3
33	Subtract line 31 from line 30 and enter the result here and on Form 2, line 42.	١,		3
52	This is the amount of your allowable itemized deductions	32	11100	3

Form 2, Page 6 - 2006 Social Security Number:		0 1 4 "	lo
Schedule IV: Non-resident/Part-year Resident Tax File Schedule IV with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
Enter on lines 1 through 15 your Montana source income that is included in			
Montana adjusted gross income on Form 2, lines 7 through 21 and line 38.			
1 Montana wages, salaries, tips, etc. included on Form 2, line 7	1		
2 Montana taxable interest included on Form 2, line 8a	2		
3 Montana ordinary dividends included on Form 2, line 9a	3		
4 Montana taxable refunds, credits, or offsets of state and local income taxes included on Form 2, line 10	4		
5 Montana alimony received included on Form 2, line 11			
6 Business income or (loss) included on Form 2, line 12			
7 Capital gain or (loss) included on Form 2, line 13	_		
8 Other gains or (losses) included on Form 2, line 14			
9 Taxable IRA distribution included on Form 2, line 15b			
10 Taxable pension and annuities included on Form 2, line 16b	_		
11 Rental real estate, royalties, partnerships, S. corporations, trust, etc. included on Form 2, line 17			
12 Farm income or (loss) included on Form 2, line 18			
13 Taxable social security benefits included on Form 2, line 20b			
14 Other income included on Form 2, line 21			
15 Montana source additions to income reported on Form 2, Schedule I			
16 Add lines 1 through 15 and enter result here. This is your Montana source	13		
income	16		
income.	10		
17 Add your total federal income from Form 2, line 22 and your Montana			
additions to federal adjusted gross income from line 38 and enter the result			
here. (If you are a non-resident military service person and spouse, skip			
line 17 and go to line 18). This is your total income from all sources .	l		
Skip line 18 and go to line 19)1	17		
18 Non-resident military service persons and spouses only: Add from			
Form 2, lines 22 and 38, then subtract from this sum your exempt income			
reported on Form 2, Schedule II, line 9 and enter the result here. This is	_		
•	18		
19 Divide the amount on line 16 by the amount on line 17 (line 18 if you are a			
non-resident military service person and spouse) and enter the result here.	_		
	19		
,	20 _		
21 Multiply the tax on line 20 by the percentage on line 19 and enter the result	ſ		
here and on Form 2, line 48a. This is your non-resident, part-year			
resident tax after capital gains tax credit	21		

How do I determine what qualifies as my Montana source income when I am a non-resident of Montana?

In general, as a non-resident of Montana your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident you are considered a resident for part of the year and a non-resident for the other part of the year.

In general, for the part of the year that you are a non-resident your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and

income that you receive from a business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

Where can I find further information on what is my Montana source income?

For further information and a line by line description of what Montana source income is, refer to pages ?? through ?? of the instruction booklet for Form 2, Schedule I.

	Schedule V: Montana Tax Credits Enter on the corresponding line your Montana tax credits.	Column A (for single, joint, separate, or	Column B (for spouse, when filing separately
	File Schedule V with your Montana Form 2.	head of household)	using filing status 3a)
	Nonrefundable credits that are single-year credits and HAVE NO carryover provision		
	Credit for an income tax liability paid to another state or country from Form 2, Schedules VI, line 10 or VII, line 10		1
2	College contribution credit. Attach Form CC		2
	Qualified endowment credit. Attach Form QEC		3
	Energy conservation installation credit. Attach Form ENRG-C	500	4
	Alternative fuel credit. Attach Form AFCR		5
	Rural physician's credit		6
	Health insurance for uninsured Montanans credit. Attach Form HI	700	7
	Elderly care credit. Attach Form ECC		8
	Developmental disability account contribution credit		9
	Recycle credit. Attach Form RCYL		10
	Oil seed crushing and biodiesel production facility credit. Attach Form OSC 11		11
	Biodiesel blending and storage tank credit and attach Form BBSC		12
	Add lines 1 through 12 and enter result here and on Form 2, line 51. This is your		
	total nonrefundable single-year credits	1200	13
	Nonrefundable credits that HAVE a carryover provision		
14	Contractor's gross receipts tax credit		14
15	Geothermal systems credit. Attach Form ENRG-A 15		15
16	Alternative energy systems credit. Attach Form ENRG-B		16
17	Alternative energy production credit. Attach Form AEPC		17
18	Dependent care assistance credit. Attach Form DCAC		18
19	Historic property preservation credit. Attach federal Form 3468 19		19
20	Montana capital company credit		20
21	Infrastructure user's fee credit		21
	Empowerment zone credit		22
23	Increasing research activities credit. Attach Form RSCH		23
24	Mineral exploration incentive credit. Attach Form MINE-CRED 24		24
25	Film employment production credit. Attach Form FPC. Report your credit on this		
	line if you have made the one-time four year carry forward election 25		25
26	Add lines 14 through 25 and enter result here and on Form 2, line 52. This is		
	your total nonrefundable carryover credits		26
_	Refundable credits		
	Elderly homeowner/renter credit. Attach Form 2EC		27
	Film employment production credit. Attach Form FPC		28
	Film qualified expenditure credit. Attach Form FPC		29
	Insure Montana small business health insurance credit-Company's EIN 30		30
31	Add lines 27 through 30 and enter result here and on Form 2, line 63. This is		
	your total refundable credits 31	1	31

MONTANA TAX CREDITS

We have listed the 27 Montana tax credits available to you under three categories. With the exception to the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2, line 47 for the capital gains tax credit) you are not required to apply any of these 27 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credits can be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credits that were not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

Instructions: You may claim a credit for an income tax liability paid to another state or country by yourself, your S. corporation or your partnership. If you claim this credit for an income tax paid by your S. corporation or partnership, you will need to include as an addition to federal adjusted gross income on Form 2, Schedule I, line 16 your share of the S. corporation's or partnership's deduction for income tax paid, whether separately or non-separately stated on your federal K-1.

NEW FOR TAX YEAR 2006: You are not entitled to a Montana tax credit for taxes paid to a foreign country if you claimed these foreign taxes paid as a foreign tax credit on your federal income tax return.

- Your credit is limited to an income tax liability paid on income that is also taxed by Montana.
- Your income taxes paid include excise taxes or franchise taxes that are imposed on and measured by the net income of your S. corporation or partnership.
- This is a nonrefundable credit and cannot reduce your Montana tax liability below zero.
- This is a nonrefundable single year credit. No unused credit amount can be carried forward.
- You will need to complete a separate Schedule VI or VII for each state or country that you have paid an income tax liability to. You can not combine payments on one schedule.
- If you are a part-year resident, you have to allocate your income using Form 2, Schedule IV before completing Form 2, Schedule VII.

S	chedule VI: Credit for an Income Tax Liability Paid to Another State or Country. Full-year resident only.		Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	
ć	Enter your income taxable to another state or country that is included in Montana adjusted gross income on Form 2, line 40. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership	1			1
i	Enter your total income from the other state or country you used in calculating your ncome tax paid to that state or country. Include in this total all income exempt rom Montana income tax that was subject to tax in the other state or country 2	2			2
á	Enter your total Montana adjusted gross income from Form 2, line 40. Where applicable, this includes your share of income taxes paid that are claimed as a deduction by your S. corporation or partnership	3			3
5 E	Enter your total income tax liability paid to the other state or country	5			4 5
	Divide line 1 by line 2. Enter the percentage here, but not more than 100%				6
	Multiply line 4 by line 6 and enter the result here				7 8
	Multiply line 5 by line 8 and enter the result here				9
10	Enter here and on Form 2, Schedule V, line 1, the smaller of the amounts reported on lines 4, 7, or 9 above. This is your credit for an income tax paid to another				
	state or country 10	0			10
S	chedule VII: Credit for an Income Tax Liability Paid to Another State or Country. Part-year resident only.		Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	
!	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership	1			1
i	Enter your total income from the other state or country you used in calculating your ncome tax paid to that state or country. Include in this total all income exempt rom Montana income tax that was subject to tax in the other state or country	2			2
1	Enter your total Montana source income from Form 2, Schedule IV, line 16. Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership	3			3
5 I	Enter your total income tax liability paid to the other state or country	5			4 5
	Divide line 1 by line 2. Enter the percentage here, but not more than 100% 6	6			1
		_ 「			۱_
7	Multiply line 4 by line 6 and enter the result here				7
7 i 8 i	Multiply line 4 by line 6 and enter the result here	В			8
7 8 9	Multiply line 4 by line 6 and enter the result here	В			
7 8 9 10 10 0	Multiply line 4 by line 6 and enter the result here	9			8

Form 2, Page 9 - 2006 Social Security Number:

Schedule VIII: Reporting of Special Transactions File Schedule VIII with your Montana Form 2	Transaction		
Complete Schedule VIII only if you and/or your spouse filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1040.	Check "yes" if you are required to file any of the following forms with the Internal Revenue Service.		
I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Revenue Service. Form 8264 is required to be filed to register a tax shelter.	1 YES		
2 I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the Internal Revenue Service. Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service assigns to certain tax shelters required to be registered under 26 USC 6111 and to report the name and identifying number of the tax shelter.	2 YES		
I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service. NOTE: Check "yes" if your like-kind exchange includes Montana property. Non-residents do not have to report a like-kind exchange if the properties involved do not include Montana property. Form 8824 is used to report each exchange of business or investment property for property of a like kind.	3 YES		
4 I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).	4 YES		
I am required to file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service. Form 8886 is used to disclose information for each reportable transaction in which you participated.	5 YES		
6 I filed federal Form 13656 – Notice of Election by Executive and Related Person to Participate in Announcement 2005-19 Settlement Initiative with the Internal Revenue Service. Form 13656 is an election to participate in the settlement initiative as described in Announcement 2005-19 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005.	6 YES		
I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement Initiative with the Internal Revenue Service. Form 13750 is an election to participate in the settlement initiative as described in Announcement 2005-80 and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.	7 YES		